

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : CSH SERVICES, LLC
Account Number : I20070000160
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FLORIDA LIMITED LIABILITY CO.

Style By M LLC

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TALLAHASSEE, FLORIDA

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G. MCLEOD

SEP 10 2012

EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

STYLE BY M LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

249 N ROSCOE BOULEVARD
PONTE VEDRA BEACH, FLORIDA 32082

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

EMILY COLEMAN
249 N ROSCOE BOULEVARD
PONTE VEDRA BEACH, FLORIDA 32082

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

x Emily Coleman
EMILY COLEMAN / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

MANAGING MEMBER

EMILY COLEMAN

249 N ROSCOE BOULEVARD

PONTE VEDRA BEACH, FLORIDA 32082

.....

X Emily Coleman

Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the
execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.

EMILY COLEMAN

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